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DEPARTMENT OF LABOR
WORKERS COMPENSATION DIVISION
NATIONAL LIFE DRIVE, DRAWER 20
MONTPELIER, VT 05620-3401
(802) 828-2286

FORM VR 8 Rev 5/05

State File #: _____

NOTICE OF INTENT TO CHANGE VOCATIONAL REHABILITATION PROVIDER

NOTE: An injured worker entitled to vocational rehabilitation services has the right to change counselors.

If you have been found NOT ENTITLED to vocational rehabilitation this form should not be filed.

Employee Name _____ Social Security #: _____

Address _____

City/State _____ Telephone #: _____

Vocational Rehabilitation Counselor Choice:

First VR Provider

Name: _____

Address: _____

City/State: _____

New VR Provider

Name: _____

Address: _____

City/State: _____

I am changing because: _____

This notice should be presented to the employer/insurance carrier **prior** to changing vocational rehabilitation counselors to fulfill the requirements of Vermont law, [21 V.S.A. §641(a)]. Notice is required for ALL subsequent changes of counselor.

Print Employee Name

Employee Signature

Date

Original needs to be forwarded to the Department of Labor

Copies need to be forwarded to: Claimant and Claimant's Attorney, Insurance Carrier and Insurance Carrier's Attorney,
New Counselor, and Previous Counselor